



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Oliver HEID

ATTY: DOCKET NO.: P04,0032

SERIAL NO.: 10/796,221

FILED: March 9, 2004

FOR: **"MAGNETIC RESONANCE DEVICE WITH A BASIC FIELD
MAGNET AND AT LEAST ONE GRADIENT COIL"**

MAIL STOP NON-FEE AMENDMENT

Commissioner of Patents

P. O. Box 1450

Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

SIR:

As a Preliminary Amendment to filing of the above-identified case, the following is submitted:

TELEPHONE (312) 258-5500
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SCHIFF HARDIN LLP

PATENT DEPARTMENT
6600 SEARS TOWER
233 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60606

In re application of: Oliver HEID

ATTORNEY DOCKET NO.: P04,0032

Serial No.: 10/796,221

Filed: March 9, 2004

For: **"MAGNETIC RESONANCE DEVICE WITH A BASIC FIELD MAGNET AND AT LEAST ONE GRADIENT COILS"**

Commissioner for Patents – MAIL STOP NON-FEE AMENDMENT **PRELIMINARY AMENDMENT**

P. O. Box 1450

Alexandria, VA. 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*	MINUS	20	X	() X 9.00 () X 18.00	
INDEP. CLAIMS	*	MINUS	*3*	X 1	() X 42.00 () X 84.00	
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$135.00 () \$270.00 ONE TIME	
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT		

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated for ___ months so that the period for response is extended to _____. A check in the amount of \$ _____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
 - ☐ A check in the amount of \$ _____ is attached.
 - ☐ A check for \$ _____ accompanying IDS under 37 CFR 1.97(c) is attached
 - ☐ A check for \$ _____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
 - ☐ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN LLP (Customer Number: 26574)

Patent Department

BY

Brett A. Valiquet

(Reg. #27,841)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA. 22313-1450 on April 2, 2004.

Brett A. Valiquet
NAME OF APPLICANT'S ATTORNEY

SIGNATURE

April 2, 2004

DATE